#### FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 13-766	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name MICHAEL J O'CONNELL, JR	Name PLUMBERS & PIPEFITTERS LOCAL 562		
	Labor Organization File Number 035-932		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 325 CLIFF AVE	Street 12385 LARIMORE ROAD		
City OAKVILLE	City ST. LOUIS		
State Missouri ZIP Code + 4 63129	State Missouri ZIP Code + 4 63138		
5. Position in labor organization. BUSINESS MANAGER			
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the excl	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Sign	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the		
Signed Machieff Course Offer	On 8-/5-05 314-355-1000  Date Telephone Number		
L			

Name of Person Filing MICHAEL O'CONNELL, JR	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or includealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or tirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name MECHANICAL CONTRACTORS ASSOCIATION  Trade Name, if any: MCA  P.O. Box, Bldg., Room No., if any  Street 4402 ST. VINCENT AVE  City ST. LOUIS  State Missouri ZIP Code + 4 63119	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	MCA GOLF TOURNAMENT
SUPERI CONTROL OF THE PROPERTY	11.b. Approximate dollar value of such dealing. \$125
State ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

### FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 13766	2. Fiscal Year Covered From:		
,	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name MICHAEL J O'CONNELL, JR	Name PLUMBERS & PIPEFITTERS LOCAL 562		
	Labor Organization File Number 035-932		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 325 CLIFF AVE	Street 12385 LARIMORE ROAD		
City OAKVILLE	City ST. LOUIS		
State Missouri ZIP Code + 4 63129	State Missouri ZIP Code + 4 63138		
5. Position in labor organization. BUSINESS MANAGER			
Enter appropriate data below if, during the past fiscal year, you or your sponsor (except as specified in the exclusion A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Michael & Correlphia	On 8-15-05 314-355-1000		
Form I M-30 (2003)	Date Telephone Number		

Name of Person Filing MICHAEL O'CONNELL, JR		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PLUMBING INDUSTRY COUNCIL  Trade Name, if any: PIC  P.O. Box, Bldg., Room No., if any  Street 11472 SCHENK DRIVE  City MARYLAND HEIGHTS  State Missouri ZIP Code + 4 63043	a. Labor Organiza	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ling.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	INSTALLATION OF O	FFICERS DINNER	
Ouest	11.b. Approximate dollar va	lue of such dealing.	\$85
State ZIP Code + 4	12.a. Nature of interest he	ela ar income receivea.	
	12.b, Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name	Parameter Control		
Trade Name, if any:	]		
P.O. Box, Bldg., Room No., if any Street			
City			
State ZIP Code + 4	l L		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment	,	

#### FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 1376 6	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name MICHAEL J O'CONNELL, JR	Name PLUMBERS & PIPEFITTERS LOCAL 562		
-	Labor Organization File Number 035-932		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 325 CLIFF AVE	Street 12385 LARIMORE ROAD		
City OAKVILLE	City ST. LOUIS		
State Missouri ZIP Code + 4 63129	State Missouri ZIP Code + 4 63138		
5. Position in labor organization. BUSINESS MANAGER			
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of ion represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
1.6. Box, Glag, redifficient any	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the		
Signed Muchaelf Connelly.	On 8-15-05 314-355-1000  Date Telephone Number		
Form LM-30 (2003)	Page 1 of 2		

Name of Person Filing MICHAEL O'CONNELL, JR	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name MECHANICAL CONTRACTORS ASSOCIATION	a. Labor Organization		
Trade Name, if any: MCA	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 4402 ST. VINCENT AVE	Annument		
City ST. LOUIS			
State Missouri ZIP Code + 4 63119			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	MCA CONFERENCE COMMITTEE MEETING MEAL		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$30		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
	14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant?			

#### FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 13766

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 1 2004 Through: 12 31 2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name MICHAEL J O'CONNELL, JR	Name PLUMBERS & PIPEFITTERS LOCAL 562
	Labor Organization File Number 035-932
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 325 CLIFF AVE	Street 12385 LARIMORE ROAD
City OAKVILLE	City ST. LOUIS
State Missouri ZIP Code + 4 63129	State Missouri ZIP Code + 4 63138
5. Position in labor organization. BUSINESS MANAGER	
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion).  A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	usions set forth in the instructions):  derived income or other economic benefit of
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the se	iving documents), has been examined by the signatory and is, to the best of the
Signed Michaell, O Connelly	On 8-/5-05 314-355-1000  Date Telephone Number
Form i M 30 (2003)	

Name of Person Filing MICHAEL C'CONNELL, JR	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name MECHANICAL CONTRACTORS ASSOCIATION  Trade Name, if any: MCA  P.O. Box, Bldg., Room No., if any  Street 4402 ST. VINCENT AVE  City ST. LOUIS  State Missouri ZIP Code + 4 63119  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	9. Business deals with:		
Street			
City	11.b. Approximate dollar value		\$65
State ZIP Code + 4	12.a. Nature of interest held	or mounte received.	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	· · · · · · · · · · · · · · · · · · ·	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZiP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

#### FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0138 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 13766	2. Fiscal Year Covered From:
'/_U_/	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name MICHAEL JO'CONNELL, JR	Name PLUMBERS & PIPEFITTERS LOCAL 562
	Labor Organization File Number 035-932
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 325 CLIFF AVE	Street 12385 LARIMORE ROAD
City OAKVILLE	City ST. LOUIS
State Missouri ZIP Code + 4 63129	State Missouri ZIP Code + 4 63138
5. Position in labor organization. BUSINESS MANAGER	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bldg., Room No., if any	7.b. Amount
Street	
City	gradual as and grad successful and an artist of the successful and a succe
State ZIP Code + 4	
Sigr	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the
Signed Medicell Cornells.	On 8-15-05 314-355-1000  Date Telephone Number

Name of Person Filing MICHAEL O'CONNELL, JR	ONNELL, JR		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name MECHANICAL CONTRACTORS ASSOCIATION  Trade Name, if any: MCA  P.O. Box, Bldg., Room No., if any  Street 4402 ST. VINCENT AVE  City ST. LOUIS  State Missouri ZIP Code + 4 [53119]	9. Business deals with:    X   a. Labor Organiza   b. Trust   c. Employer	ation		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dea		EAL	
Street City ZIP Code + 4	11.b. Approximate dollar va 12.a. Nature of interest he		540	
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

#### FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



#### READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

OKUR			
1. File Number U - 13766	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name MICHAEL J O'CONNELL, JR	Name PLUMBERS & PIPEFITTERS LOCAL 562		
	Labor Organization File Number 035-932		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 325 CLIFF AVE	Street 12385 LARIMORE ROAD		
City OAKVILLE	City ST. LOUIS		
State Missouri ZIP Code + 4 63129	State Missouri ZIP Code + 4 63138		
5. Position in labor organization.  BUSINESS MANAGER			
monetary value from an employer whose employees your organization of the following trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.		
Demonstration of the control of the	7.b. Amount.		
Street			
State ZIP Code + 4			
	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	Perjury and other applicable penalties of the law, that all of the information		
undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the action on penalties in the instructions.)		

Name of Person Filing MICHAEL O'CONNELL, JR	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name MECHANICAL CONTRACTORS ASSOCIATION  Trade Name, if any: MCA  P.O. Box, Bldg., Room No., if any  Street 4402 ST. VINCENT AVE  City ST. LOUIS  State Missouri ZIP Code + 4 [6311.9]  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4	9. Business deals with:
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount.  er parts A and B above) y or other thing of value.  14.a. Nature of payment.
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

#### FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0138 Expires 11-30-2006

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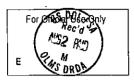
1. File Number U - 13766	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name MICHAEL J O'CONNELL, JR	Name PLUMBERS & PIPEFITTERS LOCAL 562			
	Labor Organization File Number 035-932			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 325 CLIFF AVE	Street 12385 LARIMORE ROAD			
City OAKVILLE	City ST. LOUIS			
State Missouri ZIP Code + 4 63129	State Missouri ZIP Code + 4 63138			
5. Position in labor organization. BUSINESS MANAGER				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.			
Street	7.b. Amount.			
City				
State ZIP Code + 4				
	nature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompart undersigned's knowledge and belief, true, correct, and complete. (See the second complete)	lying documents), has been examined by the signatory and is, to the best of the			
Signed Machie Marchelle	On 8-15-05 314-355-1000			
	Date Telephone Number			

Name of Person Filing MICHAEL O'CONNELL, JR	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name PIPE INDUSTRY BENEFIT FUND  Trade Name, if any: PIBF  P.O. Box, Bldg., Room No., if any  Street 4845 S. 83RD E. AVE	14.a. Nature of payment.  MAHOGANY'S TRUSTEE DINNER			
City TULSE  State Oklahoma ZIP Code + 4 74147	14.b. Amount of payment.			
13.b. Is the Business an Employer or Consultant?		\$121		

### FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 1376 6	2. Fiscal Year Covered From:
,	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name MICHAEL J O'CONNELL, JR	Name PLUMBERS & PIPEFITTERS LOCAL 562
	Labor Organization File Number 035-932
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 325 CLIFF AVE	Street 12385 LARIMORE ROAD
City OAKVILLE	City ST. LOUIS
State Missouri ZIP Code + 4 63129	State Missouri ZIP Code + 4 63138
5. Position in labor organization. BUSINESS MANAGER	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	derived income or other economic benefit of ion represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the see	iying documents), has been examined by the signatory and is, to the best of the
Signed Michael Damely	On 8-/5-05 314-355-1000 Telephone Number

Name of Person Filing MICHAEL O'CONNELL, JR		File Number <b>U</b> -	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion	
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such deal	ue of such dealing.	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.  MAHOGANY'S TRUST	EE DINNER	
Name PIPE INDUSTRY BENEFIT FUND			
Trade Name, if any: PIBF  P.O. Box, Bldg., Room No., if any  Street 4845 S. 83RD E. AVE  City TULSE  State Oklahoma ZIP Code + 4 74147			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		\$151

#### FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0198 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 1376 6	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name MICHAEL J O'CONNELL, JR	Name PLUMBERS & PIPEFITTERS LOCAL 562		
	Labor Organization File Number 035-932		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 325 CLIFF AVE	Street 12385 LARIMORE ROAD		
City OAKVILLE	City ST. LOUIS		
State Missouri ZIP Code + 4 63129	State Missouri ZIP Code + 4 63138		
5. Position in labor organization. BUSINESS MANAGER			
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion).  A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount		
Street			
City			
State ZIP Code + 4			
Sig	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the		
Signed Michael Danelffre	On 8-15-05 314-355-1000		
7 0	Date Telephone Number		

Name of Person Filing MICHAEL O'CONNELL, JR		File Number <b>U</b> -	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such deal	lue of such dealing.	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).  Name ALLEGIANT BANK  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 100 S. BRENTWOOD, SUITE 100  City CLAYTON  State Missouri ZIP Code +4 63105	FOOTBALL TICKETS  14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant?	,		\$30

### FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 137656		2. Fiscal Year Covered From:		
•		1/1/2	004 Through:	12 / 31 / 2004
3. Name and address of person filing.		4. Name, file number, and add	ress of labor orga	anization.
Name MICHAEL J	O'CONNELL, JR	Name PLUMBERS & PI	PEFITTERS I	OCAL 562
		Labor Organization File Num	nber 035-93	2
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Roor	n Number, if any	
Street 325 CLIFF AVE		Street 12385 LARIMOR	E ROAD	
City OAKVILLE		City ST. LOUIS		
State Missouri	ZIP Code + 4 63129	State Missouri		ZIP Code + 4 63138
5. Position in labor organization.	NESS MANAGER		THE THE STATE OF T	
A. Held an interest in, engaged in tra monetary value from an employer value.  6. Name and address of Employer (included Name)  Trade Name, if any:	nsactions (including loans) with, or whose employees your organizat	derived income or other econion represents or is actively s	omic benefit of seeking to repre	esent.
P.O. Box, Bldg., Room No., if any		7.b. Amount.	e vor ann de sont mensammer var deler e voren- de dece	
Street				
City		ar van	· ann	
State	ZIP Code + 4	and the second s		
	Sign	nature		
15. Signature and verification. The usubmitted in this report (including the inundersigned's knowledge and belief, to		ying documents), has been exam	ined by the signa	
Signed Machieffe	Emelfh.	On 8-15-05 Date	314-355-1	000 Telephone Number
Form LM-30 (2003)				Page 1 of 2

ame of Person Filing MICHAEL O'CONNELL, JR		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or sactively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer  11.a. Nature of such dea	ling.	
City State ZIP Code + 4	12.a. Nature of interest he		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name ALLEGIANT BANK  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 100 S. BRENTWOOD, SUITE 100  City CLAYTON  State Missouri ZIP Code + 4 €3105	14.a. Nature of payment.  BASEBALL TICKETS  14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant?	14.5. Amount of payment.		\$80

#### FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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PROA				
1. File Number U - 13766	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name MICHAEL J O'CONNELL, JR	Name PLUMBERS & PIPEFITTERS LOCAL 562			
	Labor Organization File Number 035-932			
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 325 CLIFF AVE	Street 12385 LARIMORE ROAD			
City OAKVILLE	City ST. LOUIS			
State Missouri ZIP Code + 4 € 3129	State Missouri ZIP Code + 4 63138			
5. Position in labor organization.  BUSINESS MANAGER				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizating.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.			
Street City	7.b. Amount.			
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Michiel HD Connall fr.	On 8-75-08 314-355-1000			
/ 'U	Date Telephone Number			

Name of Person Filing MICHAEL O'CONNELL, JR File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name MECHANICAL CONTRACTORS ASSOCIATION  Trade Name, if any: MCA  P.O. Box, Bldg., Room No., if any  Street 4402 ST. VINCENT AVE  City ST. LOUIS  State Missouri ZIP Code + 4 63119  10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer  11.a. Nature of such deal	ling.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	MCA CONFERENCE CON	MMITTEE MEETING	MEAL
Street City ZIP Code + 4	11.b. Approximate dollar value of interest he		\$45
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

### FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 13766	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name MICHAEL J O'CONNELL, JR	Name PLUMBERS & PIPEFITTERS LOCAL 562		
	Labor Organization File Number 035-932		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 325 CLIFF AVE	Street 12385 LARIMORE ROAD		
City OAKVILLE	City ST. LOUIS		
State Missouri ZIP Code + 4 63129	State Missouri ZIP Code + 4 63138		
5. Position in labor organization. BUSINESS MANAGER			
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclination).  A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
Trade Name, (Lary, 1997)			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Machail O Conno llh	On 8-15-05 314-355-1000		
Farm I M 20 (2003)	Date Telephone Number		

Name of Person Filing MICHAEL O'CONNELL, JR	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name PLUMBING INDUSTRY COUNCIL  Trade Name, if any: PIC  P.O. Box, Bldg., Room No., if any  Street 11472 SCHENK DRIVE  City MARYLAND HEIGHTS  State Missouri ZIP Code + 4 63043	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	SCHOLARSHIP AWARD DINNER		
Street	11.b. Approximate dollar value of such dealing.	\$65	
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4 .			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 13766	2. Fiscal Year Covered From:	
· ·	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name MICHAEL J O'CONNELL, JR	Name PLUMBERS & PIPEFITTERS LOCAL 562	
	Labor Organization File Number 035-932	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 325 CLIFF AVE	Street 12385 LARIMORE ROAD	
City OAKVILLE	City ST. LOUIS	
State Missouri ZIP Code + 4 63129	State Missouri ZIP Code + 4 63138	
5. Position in labor organization.  BUSINESS MANAGER		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of		
monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).		
Name [		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
Sueet		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Michael Connell for	On 8-15-05 314-355-1000  Date Telephone Number	

Name of Person Filing MICHAEL O'CONNELL, JR	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name MECHANICAL CONTRACTORS ASSOCIATION  Trade Name, if any: MCA  P.O. Box, Bidg., Room No., if any  Street 4402 ST. VINCENT AVE  City ST. LOUIS  State Missouri ZIP Code + 4 63119	9. Business deals with:    X   a. Labor Organization   b. Trust   c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  MCA CONFERENCE COMMITTEE MEETING MEAL		
Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$45  12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

#### FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



e ours		
1. File Number U - 7376 6	2. Fiscal Year Covered From:	
•	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name MICHAEL J O'CONNELL, JR	Name PLUMBERS & PIPEFITTERS LOCAL 562	
	Labor Organization File Number 035-932	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 325 CLIFF AVE	Street 12385 LARIMORE ROAD	
City OAKVILLE	City ST. LOUIS	
State Missouri ZIP Code + 4 €3129	State Missouri ZIP Code + 4 63138	
5. Position in labor organization.  BUSINESS MANAGER		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	tion represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
	of Perjury and other applicable penalties of the law, that all of the information hying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)	
Signed Muchael O'Connell for	On 8-15-05 314-355-1000	
	Date Telephone Number	

Name of Person Filing MICHAEL O'CONNELL, JR		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name MECHANICAL CONTRACTORS ASSOCIATION  Trade Name, if any: MCA  P.O. Box, Bldg., Room No., if any  Street 4402 ST. VINCENT AVE  City ST. LOUIS  State Missouri ZIP Code + 4 63119	9. Business deals with:  a. Labor Organiz  b. Trust  c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dea		IEAL
Street  City  State  ZIP Code + 4	11.b. Approximate dollar va		\$45
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment		

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 73766	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name MICHAEL J O'CONNELL, JR	Name PLUMBERS & PIPEFITTERS LOCAL 562	
	Labor Organization File Number 035-932	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 325 CLIFF AVE	Street 12385 LARIMORE ROAD	
City OAKVILLE	City ST. LOUIS	
State Missouri ZIP Code + 4 63129	State Missouri ZIP Code + 4 63138	
5. Position in labor organization. BUSINESS MANAGER		
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.	
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
City		
State ZIP Code + 4		
. Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
6 1/1/00 010		
Signed Meader Come Ish-	On 8-15-05 314-355-1000  Date Telephone Number	

Name of Person Filing MICHAEL O'CONNELL, JR	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name MECHANICAL CONTRACTORS ASSOCIATION  Trade Name, if any: MCA  P.O. Box, Bldg., Room No., if any  Street 4402 ST. VINCENT AVE  City ST. LOUIS  State Missouri ZIP Code + 4 63119	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	MCA CONFERENCE COMMITTEE MEETING MEAL  11.b. Approximate dollar value of such dealing. \$45  12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	14.a. Nature of payment.		
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.b. Amount of payment.		

#### FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 1376 G	2. Fiscal Year Covered From:		
<del>-y</del>	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name MICHAEL J O'CONNELL, JR	Name PLUMBERS & PIPEFITTERS LOCAL 562		
	Labor Organization File Number 035-932		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 325 CLIFF AVE	Street 12385 LARIMORE ROAD		
City OAKVILLE	City ST. LOUIS		
State Missouri ZIP Code + 4 63129	State Missouri ZIP Code + 4 63138		
5. Position in labor organization. BUSINESS MANAGER			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	lame, if any:		
City	des seglental intelligient inte		
State ZIP Code + 4			
	ature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Mechael & Cornell fr.	On 8-15-05 [314-355-1000		
, ,	Date Telephone Number		

Name of Person Filing MICHAEL O'CONNELL, JR		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name MECHANICAL CONTRACTORS ASSOCIATION  Trade Name, if any: MCA	9. Business deals with:  X  a. Labor Organiza	ation	
P.O. Box, Bldg., Room No., if any Street 4402 ST. VINCENT AVE City ST. LOUIS	b. Trust  c. Employer		
State Missouri ZIP Code + 4 6:3119  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	11.a. Nature of such deali		
P.O. Box, Bldg., Room No., if any			
Street  City  State  ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest hel		\$75
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

. المحسور المراجع This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



CW2 OF		
1. File Number U - 13766	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name MICHAEL J O'CONNELL, JR	Name PLUMBERS & PIPEFITTERS LOCAL 562	
	Labor Organization File Number 035-932	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 325 CLIFF AVE	Street 12385 LARIMORE ROAD	
City OAKVILLE	City ST. LOUIS	
State Missouri ZIP Code + 4 63129	State Missouri ZIP Code + 4 63138	
5. Position in labor organization. BUSINESS MANAGER		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name	derived income or other economic benefit of ion represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street Street		
City		
State ZIP Code +4		
. Signature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan- undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the	
Signed Mochaell O Connoll f.	On 8-15-05 314-355-1000	
	Date Telephone Number	

Name of Person Filing MICHAEL O'CONNELL, JR	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name MECHANICAL CONTRACTORS ASSOCIATION  Trade Name, if any: MCA  P.O. Box, Bldg., Room No., if any  Street 4402 ST. VINCENT AVE  City ST. LOUIS  State Missouri ZIP Code + 4 63119  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with:    X   a. Labor Organization     b. Trust     c. Employer     11.a. Nature of such dealing.    MCA CONFERENCE COMMITTEE MEETING M	EAL	
Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	\$45	
	12.b. Amount.		
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone	ey or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

#### FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-018& Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 1376 6	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name MICHAEL J O'CONNELL, JR.	Name PLUMBERS & PIPEFITTERS LOCAL 562	
	Labor Organization File Number 035-932	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 325 CLIFF AVE	Street 12385 LARIMORE ROAD	
City OAKVILLE	City ST. LOUIS	
State Missouri ZIP Code + 4 63129	State Missouri ZIP Code + 4 63138	
5. Position in labor organization.  BUSINESS MANAGER		
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize		
	ation represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name [		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Mucha AO Connell Je	On 8-15-05 314-355-1000  Date Telephone Number	
Form LM-30 (2003)	P 4-40	

Name of Person Filing MICHAEL O'CONNELL, JR.		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name MECHANICAL CONTRACTORS ASSOCIATION  Trade Name, if any: MCA  P.O. Box, Bldg., Room No., if any  Street 4402 ST. VINCENT AVE  City ST. LOUIS  State Missouri ZIP Code + 4 63119  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	9. Business deals with:		
StreetCityZIP Code + 4	11.b. Approximate dollar va		\$45
	12.b, Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment	·	